

VOLUNTEER APPLICATION/PERSONNEL RECORD

Age Requirement: must be 14+ to volunteer in hospital

Contact Information

Last Name: _____ First Name: _____ M.I. _____ Nick Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home: () _____ Email: _____

Cell: () _____ Work: () _____

About You

Check **all** that apply: Employed - Employer _____ Full-time Part-time OK to call you at work? Y / N
 Looking for Employment
 Retired
 Mandated Community Service
 School Requirement
 Student – Where: _____ Course of Study: _____
Last Yr Completed: _____ Organizations/Clubs: _____

Work Experience: _____

Other Volunteer Experience: School Hospital Agency Other/Explain: _____

Do you drive? Yes No If no, do you have means of transportation? Yes Explain: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ Home: () _____

City: _____ State: _____ Zip: _____ Cell: () _____

Work: () _____

References: (non-family)

Name	Address	Telephone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Your Schedule and Volunteer Interests

YOUR VOLUNTEER PROFILE: Please tell us about yourself. Include **why** you want to volunteer, if you have something specific you would like to do as a volunteer, **what you expect** from volunteering and **what you can give** as a volunteer. If you have volunteer experience, include that as well. Thank you!

PLEASE CHECK THE TIMES YOU ARE AVAILABLE TO VOLUNTEER

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoon							
Evenings							

List any special Skills or Certifications (i.e., data entry, web searches, etc.): _____

Do you like clerical work: Yes No Do you enjoy people interaction: Yes No Would you like to work at hospital events/fundraisers: Yes No

Type of assignments preferred: _____

How did you hear about our volunteer program? Hospital-related Experience Church Employee Internet Newspaper School Community Event Family/Friend

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. _____ / ____ / ____
Signature Date

Consent for Minor (less than 18 years of age) to Participate in Volunteering:

I authorize _____ to participate in the volunteer program at HSHS Sacred Heart Hospital. I certify that my child is at least fourteen years of age. I also authorize any health screening that is required by HSHS Sacred Heart Hospital for participation as a volunteer.

Parent/Guardian Signature: _____ Relationship: _____ Date: _____ / _____ / _____